

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: Travelocity.com LP

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: 15100 Trinity Blvd., Fort Worth, Texas 76155

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Stephanie Massey

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):
15100 Trinity Blvd., Fort Worth, Texas 76155

Telephone Number of Designated Agent: 817-785-8448

Facsimile Number of Designated Agent: 817-785-8005

Email Address of Designated Agent: stephanie.massey@travelocity.com

Signature of Representative of the Designating Service Provider: _____

Date: August 7, 2002

Typed or Printed Name and Title: Stephanie Massey, Paralegal

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee
Made Payable to the Register of Copyrights.**

RECEIVED

AUG 12 2002

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